Exhibit 18

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1
              IN THE UNITED STATES DISTRICT COURT
               FOR THE NORTHERN DISTRICT OF OHIO
 2
                       EASTERN DIVISION
3
    IN RE: NATIONAL PRESCRIPTION ) No. 17-md-2804
    OPIATE LITIGATION
                                     ) MDL NO. 2804
5
   APPLIES TO ALL CASES
                              ) Hon. Dan A. Polster
                                     )
6
7
           HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER
8
                       CONFIDENTIALITY REVIEW
9
            VIDEO DEPOSITION OF KEVIN VORDERSTRASSE
10
                       December 5, 2018
11
                           9:12 a.m.
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14
           Reporter: John Arndt, CSR, CCR, RDR, CRR
                      CSR No. 084-004605
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                         CCR No. 1186
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- 1 smallest the team has been four.
- 2 O. So in other words, there were seven or
- 3 eight people at its peak that were primarily
- 4 responsible for marketing Mallinckrodt's generic
- 5 opioids?
- 6 A. Seven or eight people who were primarily
- 7 responsible for direct contact with wholesaler and
- 8 pharmacy chain customers and negotiating agreements
- 9 with those customers.
- 10 Q. So -- and thank you for that answer. So
- 11 then is it fair to say when we're talking about
- 12 generics the primary way in which Mallinckrodt was able
- 13 to gain the market share that we were discussing before
- 14 was through its negotiations and communications with
- 15 distributors and pharmacies?
- 16 A. So in general terms, generic products,
- whether opioid or non-opioid, are sold primarily based
- 18 upon price and also based upon quality and service, so
- 19 ability to supply, ability to supply consistently with
- 20 high-quality product is essential for generic
- 21 companies, but as near commodity products, ultimately
- 22 the price is often a deciding -- a key deciding factor
- 23 for wholesalers and pharmacy chains.
- Q. And so with respect to the price,

- 1 isolating that separate and apart from quality and
- 2 service, was there any type of marketing done to --
- 3 directly to the pharmacies or distributors with respect
- 4 to Mallinckrodt products, or was it simply a price that
- 5 Mallinckrodt set and you had distributors essentially
- 6 take it or leave it?
- 7 A. The prices for our products were always
- 8 negotiated between Mallinckrodt and the distributor or
- 9 wholesaler or the pharmacy chain.
- 10 Q. And as you alluded to earlier, the primary
- 11 responsibility for the negotiation of these prices
- 12 rested with the national account managers; is that
- 13 correct?
- 14 A. National account managers were primarily
- 15 responsible for the negotiation effort. The product
- 16 management team was responsible for reviewing and
- 17 approving any prices that were offered and processing
- 18 that price through our contracting systems.
- 19 Q. And how did Mallinckrodt divide up these
- 20 negotiations with distributors and wholesalers? In
- other words, let me ask it a different way. Was there
- 22 any distinction done by region with respect to the
- 23 negotiations Mallinckrodt had with respect to prices
- vis-à-vis the distributors and the pharmacies?

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- 1 you were manufacturing? Is that fair to say?
- A. Well, we communicated about our business
- 3 relative to how we ran the business, how we managed the
- 4 business, to help customers understand that the
- 5 products that they purchased from us would meet the
- 6 quality standards and would be supplied at the time
- 7 frame that they needed that product. So if a
- 8 wholesaler placed an order with us, we wanted them to
- 9 be confident that they were going to get that order
- 10 when they wanted it.
- 11 Q. Did Mallinckrodt do any marketing with
- 12 respect to the risks of its generic marketing or
- 13 generic opioid products?
- 14 A. For any product-specific marketing
- 15 materials that we put together for our generic
- 16 products, opioid or not, any warning information, risk
- information that was included in the FDA-approved
- 18 labeling materials was included in the marketing
- 19 materials, and those materials were always reviewed to
- 20 ensure that they were current.
- Q. And outside of the FDA-approved labeling
- 22 materials, was there any other additional marketing
- 23 materials that Mallinckrodt provided with respect to
- 24 its generic products?

- 1 A. Mallinckrodt never provided
- 2 product-specific marketing materials for our generic
- 3 products which contained any information other than
- 4 what was approved relative to the product or what was
- 5 specific to our company.
- 6 O. Turning back to the sales reps that
- 7 Mallinckrodt utilized for purposes of its brand
- 8 products, approximately how many sales reps did
- 9 Mallinckrodt employ over the relevant time period with
- 10 respect to its branded opioids?
- 11 A. So relevant to branded opioids, at the
- 12 smallest that sales team was approximately 50 reps and
- 13 at its largest was about 200.
- Q. And earlier we talked about Exalgo.
- 15 Approximately how many reps did Mallinckrodt utilize
- with respect to marketing Exalgo from the 2009 through
- 17 2014 -- or was it 2015 that it discontinued?
- 18 A. I believe 2014 was when we discontinued
- 19 marketing efforts.
- 20 O. So let me start so the record is clear.
- 21 So from the 2009 to 2015 time period how reps -- sales
- reps did Mallinckrodt utilize to market Exalgo?
- MR. TSAI: I'm going to object to the
- 24 form.